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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Jordan

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1997 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Jordan, which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $4,250,000 from general resources, subject to the availability of funds, and $1,350,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1998 to 2002.

* E/ICEF/1997/20.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1996. They will be contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes" (E/ICEF/1997/P/L.18).

BASIC DATA
(1995 unless otherwise stated)

Child population (millions, under 18 years)	2.7
U5MR (per 1,000 live births)	25
IMR (per 1,000 live births)	21
Underweight (% moderate and severe, 1991)	9
Maternal mortality rate (per 100,000 live births, 1990)*	150
Literacy (% male/female)	93/79
Primary school enrolment (% net, male/female, 1990)	97/97
Primary school children reaching grade 5 (%, 1993)	98
Access to safe water (%, 1994)	98
Access to health services (%, 1985)	97
GNP per capita	$1,510
One-year-olds fully immunized against:	
tuberculosis:	...
diphtheria/pertussis/tetanus:	100 per cent
measles:	92 per cent
poliomyelitis:	99 per cent
Pregnant women immunized against:	
tetanus:	59 per cent

* A 1996 survey by the Ministry of Health and the United States Agency for International Development found the maternal mortality ratio to be 55 per 100,000 live births.

THE SITUATION OF CHILDREN AND WOMEN

1. Jordan's strong political and budgetary commitments to child rights and social services have resulted in major achievements in child survival and development (CSD), despite an annual population growth rate of 3.8 per cent (1994). Most of the goals for the year 2000 have been achieved, with the exception of those for the Baby-Friendly Hospital Initiative (BFHI). Jordan has ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. However, a growing number of families, 21 per cent of the population, live below the poverty line. Real per capita consumption fell by 47 per cent between 1985 and 1995, putting pressure on traditional coping mechanisms and urban environments, home to 80 per cent of the population. The outcome of the peace process in the next few years will have a major effect on the country.

2. The major cause of infant mortality is acute respiratory infections (ARI). An estimated 105,000 children have disabilities, 2.5 per cent of whom receive specialized services. Some 97 per cent of mothers initiate breast-feeding, but only 53 per cent breast-feed exclusively for the first four months. Recently, two public hospitals, where almost 40 per cent of all deliveries take place, were certified as "baby-friendly". Some 90 per cent of mothers receive prenatal care but only 20 per cent receive post-partum care. One fourth of the people infected with HIV/AIDS are under 19 years of age. Reliable statistics on most sexually transmitted diseases (STDs) are scarce.

3. Because only 11 per cent of children are enroled in pre-school, improved parental understanding of early childhood development (ECD) is a priority. Over 90 per cent of children are enroled in primary school, but enrolment rates for grades 7-10 are around 71 per cent for boys and 73 per cent for girls (1995). A 10-year reform of teaching methods and materials is nearing completion, but systemic disparities remain. These include lack of adequate provision for children with special needs and those with poor achievements, drop-outs and violence in some schools.

4. Although there are high ratios of girls at all educational levels, women's participation in public life is limited, and gender-based traditions persist, some with tragic consequences. Nationally, only 16 per cent of women participate in the labour force, 22 per cent of whom are unemployed. Expanding Jordan's successes in child survival and development to cover more aspects of children's, especially girls', participatory rights is a priority.

PROGRAMME OF COOPERATION, 1993-1997

5. The programme of cooperation for 1993-1997 was comprised of programmes for maternal and child health (MCH) and nutrition; education; an area-based programme; advocacy for child rights; and a supplementary-funded statistical project. The programme saw major successes, e.g., the establishment with UNICEF support of the National Task Force for Children (NTFC) in 1995. NTFC was established by Royal Decree to promote and monitor the implementation of the Convention on the Rights of the Child and the national plan of action, and is chaired by the Queen. In addition to applied research and information database development, NTFC is undertaking legislative reviews to reflect the Convention in Jordanian legislation. UNICEF advocacy also helped to develop alliances and generate debate with non-governmental organizations (NGOs) working for child rights, as well as parliamentarians, academics, and decision makers.

6. With support from the Government of Norway, UNICEF supported a project implemented jointly by the Jordanian Department of Statistics and the Norwegian Institute of Applied Social Sciences to conduct a national survey on living conditions in Jordan. The survey provided decision makers and researchers with relevant data for social and development planning. It also revealed several "knowledge gaps" that need to be filled.

7. The health programme achieved its main objectives in the areas of the expanded programme on immunization (EPI) and control of diarrhoeal diseases (CDD). An evaluation of efforts to reduce ARI-related mortality will be part of a health facility survey being conducted in 1997. Service coverage targets were met through EPI/CDD training of 140 trainers, 1,110 doctors and 850 paramedical staff, and through in-service training in ARI case management for 1,400 doctors and 1,500 paramedical staff. However, capacity-building did not cover the private sector. UNICEF supplied the Ministry of Health with vaccines, oral rehydration salts, antibiotics and related equipment according to plan.

8. The nutrition programme met its service coverage goals by supporting the in-service training of 1,500 medical staff in the areas of micronutrient deficiencies, breast-feeding and growth monitoring. Severe wasting fell by 38 per cent during 1990-1996, to 1.8 per cent. UNICEF supported a 1993 study on the prevalence of iodine deficiency disorders (IDD), which revealed that 38 per cent of children had goitre, and supported the Government in making the iodization of salt mandatory as of May 1995. In 1996, the survey of Jordanian living conditions reported that 75 per cent of households were consuming iodized salt. A national technical monitoring committee was established to follow-up on the consumption of iodized salt.

9. The elaboration of the national breast-feeding policy led to the banning of free and low-cost breastmilk substitutes in public maternity hospitals and the recent certification of two hospitals as "baby-friendly" with the help of a national breast-feeding committee established by the Queen. While the safe motherhood project met its service coverage goals for prenatal care, no system for early screening for disabilities was established and concerns also remain about coverage of at-risk referrals and post-partum care. These shortfalls remain priorities for the proposed country programme.

10. Under the education/ECD programme, a pilot ECD project assisted in the production of information, education and communication (IEC) materials on early childhood development and care for mass and group dissemination. UNICEF also worked with the Ministry of Education and NGOs to help communities establish kindergartens; supported the in-service training of 1,200 kindergarten teachers; and provided furniture, education and play materials for 360 classrooms.

11. Cooperation in formal basic education supported government efforts to ensure the acquisition of basic educational skills by all students; and to ensure that over 80 per cent of children complete the cycle. The programme met its service coverage objectives regarding the curriculum, new teaching methods and assessments. UNICEF also supported the Global Education Initiative, which developed teaching/learning modules for grades 4-6 and provided in-service training to 300 teachers in 43 schools to foster interactive teaching and critical thinking by students, as well as greater awareness of healthy living, the environment and child rights. An assessment of the Initiative revealed an improvement in interactive teaching and in attitudes to learning.

12. The area-based programme aimed to improve the health, nutrition and socio-economic status of disadvantaged children. Following participatory needs assessments in Al-Mafrak, the programme established a community-based rehabilitation project for the disabled covering 11 villages; trained health staff in 50 schools and 120 health centre staff on priority primary health care (PHC) issues; and established a group credit scheme for women in four villages. The programme also worked in peri-urban areas of Amman, including Hai Al-Amir Hasan (an unofficial camp for refugees), Hai Al-Tafayleh and Hai Al-Nuzha. The participatory rapid appraisals gave additional insight into children's own perceptions of their problems, which included abuse and lack of play areas. As a result, UNICEF supported efforts to increase the capacity of a community centre to provide social services and improve its play areas and library.

Lessons learned

13. UNICEF has a close relationship with many government and non-governmental partners who have great technical capacity and knowledge about issues affecting children. As a result, reviews of the country programme undertaken with the Government, other United Nations agencies, bilateral donors and NGOs, including the 1995 mid-term review, have stressed that the modest resources of UNICEF should be used strategically to sustain current achievements in CSD; provide continued support for child rights; and shift its emphasis to child protection, gender and disparity concerns.

14. Advocacy with policy makers has proven successful in placing child rights high on the national policy agenda. More knowledge-based advocacy for rights issues and mobilization for behavioural change targeting communities and families are needed. Successful use of mass media for CSD indicate that broadening the use of these universally accessible media can help popularize the full range of child rights.

15. In the interest of sustainability, the Government and UNICEF have recognized the need to shift the major component of UNICEF support from service delivery to capacity-building, community empowerment and quality improvement in basic services. To ensure sustainability of the quality of PHC services, more emphasis on pre-service training in PHC will be required. It was agreed at the mid-term review that UNICEF vaccine supply assistance can be phased out at the end of the current country programme, as the Government is prepared to take responsibility for all vaccine procurement. Essential supplies for capacity-building may still be considered.

16. Several proposed programme initiatives require further development. Expansion of the current levels of pre-school education may best be achieved through better parenting initiatives by building on strong family structures, working with parents and communities for home-based learning. The area-based pilot projects are ad hoc and need to be structured within a comprehensive national framework for services to the urban poor.

RECOMMENDED PROGRAMME COOPERATION, 1998-2002

Estimated annual expenditure

(In thousands of United States dollars)

	1998	1999	2000	2001	2002	Total
General resources						
Child rights	100	100	80	70	80	430
Maternal and child health	325	310	300	280	290	1 505
Education	180	170	155	160	160	825
Community empowerment	100	120	165	190	170	745
Cross-sectoral costs	145	150	150	150	150	745
Subtotal	850	850	850	850	850	4 250
Supplementary funding						
Child rights	-	85	90	100	100	375
Maternal and child health	-	50	60	70	70	250
Education	-	50	60	70	70	250
Community empowerment	-	80	80	90	100	350
Cross-sectoral costs	25	25	25	25	25	125
Subtotal	25	290	315	355	365	1 350
Total	875	1 140	1 165	1 205	1 215	5 600

Programme preparation process

17. This country programme was drawn up jointly by the Government and UNICEF, under the auspices of the Ministry of Planning and within the framework of the Convention on the Rights of the Child in consultation with other United Nations agencies and donors in Jordan.

Country programme objectives and strategies

18. The objectives of the proposed country programme are to: (a) support the Government in implementing and monitoring the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; (b) contribute towards universalizing and sustaining the progress made in achieving the goals for the year 2000; (c) assist the Government in establishing and maintaining quality standards, especially in PHC, basic education and social services; and (d) develop replicable models for sustainable development at the community level, particularly for the urban poor. Underlying these objectives is a strategic shift from CSD towards child protection and participation; and from direct material support to an emphasis on capacity-building, empowerment and a rights-based dialogue on policy, resources and actions. Because of this shift away from material support and because of the good working relationship with the Government and other counterparts, UNICEF is able to provide effective, quality technical support and advocacy in a wide range of projects, at low cost and with good results. The projects have been developed using a rights framework and with the intention of strengthening the country's capacity to ensure the rights of all Jordanian children, especially to health and education.

19. The strategic framework has three mutually reinforcing components. First, advocacy will be undertaken to maintain the Government's commitment to providing the resources and take the necessary actions to realize the rights of women and children. Second, the programme will build national capacities and alliances to sustain and improve basic social services and to monitor the status of children and women, with the focus shifting towards pre-service training and improving information systems. Third, at the community level, the programme will enable families and disadvantaged communities to assess their needs and protect and care for their children, in cooperation with government and other partners.

20. The child rights programme consists of three projects. The first will help develop tools, materials and platforms for policy dialogue on the two Conventions so as to empower such groups and institutions as the mass media, parent-teacher associations and parliamentarians to promote children's and women's rights. The second project will support the development and application of legislation derived from the Convention on the Rights of the Child and the Government's capacity to develop indicators and database for monitoring implementation of the two Conventions. Empowerment will focus on participation of children with disabilities, gender and youth issues, and children who are abused, working or on the street. The third project, part of a regional initiative, will provide technical assistance to legal faculties to integrate both Conventions into their curricula. If available, supplementary funding will be used to support the application of the legislation and support more applied research, cultural activity and information dissemination in favour of child rights.

21. The MCH programme consists of six projects:

(a) Through the PHC management information system (MIS) project, UNICEF will work with the Ministry of Health to improve existing PHC monitoring systems targeting children and women. UNICEF will provide technical assistance for systems development and training of system users and provide necessary equipment, especially software. Information will be gathered and analyzed on morbidity and PHC treatment, and will be disaggregated by gender and to the district level;

(b) PHC training will support the long-term sustainability of quality PHC services. The project will build capacities by completing the introduction of

PHC into the practical component of nursing and medical school curricula. The project will analyze the current curricula and identify gaps, develop modules to be incorporated into the curriculum and where necessary train teaching staff; it will also complete the activities of the previous programme's ARI, EPI and CDD projects by providing in-service training to the Ministry of Health's medical and paramedical staff that have yet to be trained. Should the need arise, this project will support refresher in-service training for vertical PHC programmes;

(c) Under the project for early detection of childhood disabilities, UNICEF will work in collaboration with the World Health Organization (WHO) and academic institutions to elaborate standard protocols for developmental screening and to support the in-service training of relevant public sector medical staff. UNICEF will advocate for the development of this detection capacity within the primary school system. It will also work to raise awareness and strengthen the support given to families of children with disabilities;

(d) The BFHI project will help enable mothers to breast-feed exclusively for the first six months and to use proper weaning practices thereafter. UNICEF will provide technical assistance to the national BFHI certification committee and support in-service training of relevant medical staff, targeting all public hospitals and 50 per cent of private hospitals by 2002. IEC materials on the benefits of breast-feeding will be developed for dissemination;

(e) Through the micronutrients project, UNICEF will contribute to national efforts to reduce the prevalence of IDD and other micronutrient disorders, for example by providing technical assistance to the national committee responsible for monitoring salt iodization, and to salt manufacturers;

(f) The healthy life skills project will target families and youth and aim to improve behaviour and skills affecting their health and that of their children, by developing and disseminating IEC materials on maternal and reproductive health, including STDs and HIV/AIDS.

22. If available, supplementary funds will be used to expand the coverage of the PHC-MIS and the early detection of childhood disabilities projects.

23. The education programme has two projects. The better parenting project will elaborate and disseminate IEC materials on the emotional, psychological, intellectual and physical development of young children, aiming thus to empower parents and other caregivers to ensure the healthy development of their children. Working with NGOs and the Ministries of Health and Social Development, UNICEF will build on past experience and knowledge, attitude and practice studies to develop more IEC materials on ECD. These will be disseminated through the mass media, and the information will be further amplified in discussions and focus groups in community, health and social centres. The staff of these centres will be trained to use the materials, for which purpose a core group of trainers will be identified and trained. This project will be coordinated with the health programme to ensure that messages on disabilities are included.

24. The learning environment project, building on the success and achievement of the Global Education Initiative, will help to improve the acquisition of basic skills in poor-performing schools and to reduce drop-outs. Working with the Ministry of Education in the framework of the educational reforms, the project will support the elaboration of criteria defining the proper environment conducive to learning; train a team of officials responsible for ensuring their implementation in problem schools; and support the in-service training of teachers, directors and supervisors in establishing a proper learning environment. The project will integrate the participation of parent-teacher

committees and NGOs at all stages. Any supplementary funds received will expand the coverage of both education projects.

25. The community empowerment programme has two complementary projects. The first project will involve work with NGOs and institutional representatives of selected communities in order to raise their capacity to assess and prioritize their needs in creating an enabling environment for their children; and identify and approach government bodies and/or aid agencies to establish partnerships. In those areas where UNICEF has comparative advantage, it will, according to its capacity, provide technical assistance, training, IEC and where appropriate, other materials to districts in response to needs expressed by the communities. The communities will be selected based on criteria that will be developed by UNICEF and the Government, with expansion to more communities based on receipt of supplementary funds. The second project will help develop a national policy on community empowerment to reach the poor, emphasizing community participation in needs assessment and in the provision and management of services.

Cooperation with other partners

26. The United Nations Development Programme, the United Nations Population Fund and UNICEF have harmonized their programme cycles in Jordan. Institutional mechanisms through which partners cooperate on an ongoing basis have been established. Inter-agency coordination and theme groups include the United Nations Development Fund for Women, the World Bank, the World Food Programme and WHO. The NTFC, the Queen Alia Fund for Social Development and the major NGOs in the women's and children's movements are important partners in programme implementation.

Programme management, monitoring and evaluation

27. UNICEF has internal programme management mechanisms to monitor progress and performance. Risk assessments are updated continuously, and office management and functional teams meet regularly. There are two annual progress reviews and planning sessions. A number of changes will be made in the composition of the office staff to reflect increased technical complexity and a broadened span of responsibilities.

28. The Ministry of Planning is responsible for programme coordination. Sectoral ministries will, where relevant, designate project managers responsible for project implementation, monitoring and evaluation. UNICEF will work with government counterparts and non-governmental partners in project management, closely monitoring programme progress and assistance. In addition to regular joint consultative meetings of the major partners to review project progress, annual reviews will be held; systematic evaluations and impact assessments will be conducted for these exercises to complement data generated by regular information management systems. The BFHI, micronutrients and PHC-MIS projects, as well as the monitoring of child rights project, are in themselves monitoring exercises to a significant degree. As part of the mid-term review in the year 2000, the updated situation analysis will give special emphasis to the universal achievement of goals and implementation of the Convention on the Rights of the Child, in the context of a national human development report supported jointly by the United Nations agencies in Jordan. At mid-term, evaluations of the total programme will be concluded, providing necessary information for decisions to be taken on programme reformulation and on the form of the UNICEF presence in Jordan beyond 2002.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : JORDAN
PROGRAMME : 1998-2002

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :c/																	
CHILD AND MATERNAL HEALTH	1,655,000			1,655,000	0	0	0	0	0	0	0	1	2	3	0	361,868	361,868
EDUCATION d/	1,050,000			1,050,000	0	0	0	0	0	0	0	1	0	1	0	269,492	269,492
COMMUNITY EMPOWERMENT	970,000			970,000	0	0	0	0	0	0	0	1	0	1	0	269,492	269,492
CHILD RIGHTS	430,000			430,000	0	0	0	0	0	0	0	0	1	1	0	123,163	123,163
CROSS-SECTORAL COSTS	745,000			745,000	0	0	0	0	0	0	0	1	2	3	0	716,579	716,579
TOTAL GR	4,850,000			4,850,000	0	0	0	0	0	0	0	4	5	9	0	1,740,594	1,740,594
SUPPLEMENTARY FUNDING : c/																	
CHILD AND MATERNAL HEALTH		0	310,000	310,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EDUCATION d/		0	530,000	530,000	0	0	0	0	0	0	0	0	0	0	0	0	0
COMMUNITY EMPOWERMENT		0	610,000	610,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD RIGHTS		0	375,000	375,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	125,000	125,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	1,950,000	1,950,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR & SF	4,850,000	0	1,950,000	6,800,000	0	0	0	0	0	0	0	4	5	9	0	1,740,594	1,740,594
SUPPORT BUDGET			Operating costs	896,783													
			Staffing		0	0	1	0	0	0	1	2	4	7	847,704	1,310,212	2,157,916
GRAND TOTAL (GR + SF + SB)					0	0	1	0	0	0	1	6	9	16	847,704	3,050,806	3,898,510
	Number of posts and staff costs:																
	Current programme cycle										2	5	14	21			
	At the end of proposed programme cycle (indicative only)										1	6	9	16	847,704	3,050,806	3,898,510

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.

IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.
c/ Includes programmes for Palestinian children and women in Jordan for the period 1998-2000.
d/ Includes programmes: early childhood development and primary education for Palestinian children and women in Jordan.